

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

WET METHODS

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

WET METHODS

XII. Waste Transporter #1

Name: DAN'S HAULING, INC.

Address: P.O. BOX 409

City: WYNANTSKILL

State: NY

Zip Code: 12198

Contact: DAN WOLFE

Telephone: (518) 438-9800

Waste Transporter #2

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: ()

XIII. Waste Disposal

Name: DANC Solid Waste Management Facility

Address: NYS RT 177

City: Rodman

State: NY

Zip Code: 13682

Contact: _____

Telephone: ()

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency:

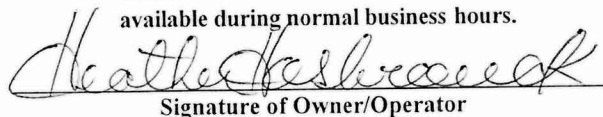
2. Description of the Sudden, Unexpected Event:

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

WET METHODS, HEPA FILTRATION, ISOLATION BARRIERS

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.


Signature of Owner/Operator

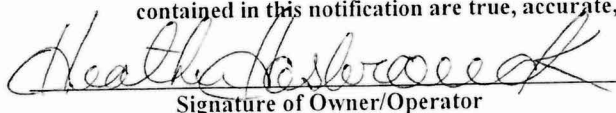
10/18/16

Date

Heather Hasbrouck-Administrator

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.


Signature of Owner/Operator

10/18/16

Date

Heather Hasbrouck-Administrator

Type or Print Name and Title